

ROWER OF ATTORNEY OR RADE AUTHORIZATION OF AGENT	Application Number	
	Filing Date	
	First Named Inventor	Platonov, S
	Title	Overturnable phone
LERAP AUTHORIZATION OF AGENT	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	C200212

I hereby appo	int:							
	ners at C	ustomer Number	30348					
OR Practition	nar(e) na	med below:			<del>- 303</del>	48	}	
Fractition	161(3)116	Name		Т	Registration Number	IT OFFICE		
								L_
						RE	CEIV	ED
						AP	R 2 9 2	002
as my/our attorn	ney(s) oi	agent(s) to prosec	cute the application ic	lentifi	ied above, and to trans	ate et mol	ogy Cent	er 260(
<del></del>			rademark Office con					
		espondence addres ed Customer Numb	s for the above-ident	ified	application to:			
OR	mendon	ca Gastomer Name			Place Custome			
	rs at Cus	stomer Number			Number Bar Co	ode		
OR								
Firm <i>or</i> Individual Na	ame							
Address		16-7, Lomor						
Address		Zhukovsky,	Moscow regio	n				
City		Moscow		State	Zip	14018	<u>;0                                    </u>	
Country		Russia						
Telephone		+7-095-556-0	140	Fax	+7-095-556-0140			
I am the:								
X Applicar	nt/Invent	or.						
Assigned	e of reco	ord of the entire inte	erest. See 37 CFR 3.	71				
			enclosed. (Form PT		3/96).			
	,	SIGNATURE of	f Applicant or Assign	e of	Record			
Name	Ser	gey Platonov						
Signature					<u>-</u> . <u> </u>			
Date	04/0	5/2002						ļ
				or thei	r representative(s) are requi	red. Submit	multiple	
Total of		is required, see below*.  ms are submitted.	<u></u>		<u>-</u>			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.